

No. 2
1-4-3
5-12-3
X2530

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD—

8.8 497-08-0008

SEP 17 1941 791

Registration District No.

Primary Registration District No. **1003**

Registrar's No.

1. PLACE OF DEATH:

County.....
(a) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
Name of hospital or institution:
City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **arrival**
In this community **two years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Moritz L. Fuchs**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **male** 0 5. Color or race **White** 3 6. (a) Single, widowed, married, divorced **divorced**

6. (b) Name of husband or wife **Irma Fuchs** 6. (c) Age of husband or wife if alive **46** years

7. Birth date of deceased **Sept 3 1897**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	43	11		hr. min.

9. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **millrite**

11. Industry or business **Alpha Cement Plant**

12. Name **Leo Fuchs**

13. Birthplace **Switzerland**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Ann Sucher**

15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Elise Hettinger**

(b) Address **8100 Ivory**

17. (a) **burial** (b) Date thereof **8-6-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Park Lawn**

18. (a) Signature of funeral director **Fendler Und. Co.**

(b) Address **7420 Michigan Ave.**

19. **AUG - 5 1941** (b) **J. L. Brudick**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **8100 Ivory**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)

[Signature]

20. DATE OF DEATH: Month **Aug.** day **3rd**
year **1941** hour **5** minute **25** P. M.

21. I hereby certify that I attended the deceased from.....
..... 19..... to..... 19.....

that I last saw him alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death **Heat Prostration;**
Cardiac Hypertrophy.
(not a heart stroke)

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)

While at work?..... (c) Month of injury.....

23. Signature *[Signature]* (M. D. or other) **3**

Date signed **8/5/41**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Oliver E. Wendell

Licensed Embalmer No. *4148*

P. O. Address *Genoa*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.